


AO 435 (Rev. 12/03)		Administrative Office of the United States Courts TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
<i>Please Read Instructions above</i>					
1. NAME Timothy E. Moran		2. PHONE NUMBER (670) 236-2980		3. DATE 3/2/2006	
4. MAILING ADDRESS U.S. Attorney's Office, Horiguchi Bldg., 3rd Floor		5. CITY Saipan		6. STATE MP	7. ZIP CODE 96950
8. CASE NUMBER CR 04-00036	9. JUDGE Alex R. Munson	DATES OF PROCEEDINGS			
		10. FROM		11.	
12. CASE NAME U.S. v. Kwon, Young Ju		LOCATION OF PROCEEDINGS			
		13.		14.	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				FILED Clerk District Court MAR 03 2006	
<input type="checkbox"/> OPENING STATEMENT					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input checked="" type="checkbox"/> SENTENCING		12/21/05		For The Northern Mariana Islands	
<input type="checkbox"/> BAIL HEARING				By _____	
(Deputy Clerk)					
17. ORDER					
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		16.60
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	16.60
18. SIGNATURE 			PROCESSED BY		
19. DATE 3/2/06			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED	DATE	BY	COPY of Original Filed on this date MAR - 3 2006 Clerk District Court For The Northern Mariana Islands		
DEPOSIT PAID					
TRANSCRIPT ORDERED					
TRANSCRIPT RECEIVED					
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT					
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	16.60	

(Previous editions of this form may still be used)

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